

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4		(1)					54						
5	1		1				55						
6		1					56						
7		2					57						
8							58						
9							59						
10			1				60						
11							61						
12							62						
13							63						
14							64						
15							65						
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17							67						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			4				TOTAL DEP.						
TOTAL CLAIMS			4				TOTAL CLAIMS						